PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE Face Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23370 JOHN S. PRA KILPATRICK S 1100 PEACHTR	transmitted by Online	Certificate of Mailing or transmission Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient poetage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faccimile transmitted to the USPTO (\$711) 273 2888, on the date indicated below Angela M. Rossi (Depositor's name)							
SUITE 2800 ATLANTA, GA 30309							EFS Web		
					11710	9		()-44.1	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	OR		NEY DOCKET NO	CONFIRMATION NO	
10/555,816 TITLE OF INVENTION	11/07/2005 · RESPIRATOR MASK	WITH HYGIENIC PR	Robert Schegert OTECTION	in		3	1052/321928	2669	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	/*********	\$0		51810	08/31/2009	
EXAM	EXAMINER		CLASS-SUBCLAS	s					
DIXON, ANNET	TE FREDRICKA	3771	128-206260		J				
Change of corresponde CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed 1 Dean W. Russell 2 Kristin M. Crall 3 Kilpatrick Stockton LI								
3, ASSIGNEE NAME APPLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC INTERTECE	ess an assignee is identi i in 37 CFR 3-11. Comp GNEE		•	the pangan;	atent. If an assigned assignment.			ocument has been filed for	
Please check the appropri	ate assignee category or	categories (will not be	printed on the patent).		Individual Cor	poratio	n or other private gro	up entity Government	
4a. The following fec(s) a lissue Fee Publication Fee (N Advance Order - #	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 110855 (enclose an extra copy of this form)								
5 Change in Entity Stat a Applicant claims	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is n	a long	ger claiming SMALI	ENT	TY status. See 37 CF	R 1.27(g)(2)	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requ	ired) will not be accept	ed from anyone other t	han th	ne applicant; a regist	cred at	torney or agent; or the	e assignee or other party in	
Authorized Signature	Kust	in Cro	cel	ungan manna	Date 7//	4/	り 2 		
Typed or printed name	Kristi	n M. Crall	, and was		Registration No		4 <u>6</u> 89 <u>5</u>	noma	
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2233 Under the Paperwork Red	13-1450. DO	OI SEND FEES OR	COMPLETED FORM	13 10	THIS ADDRESS.	SEND	10. Commissioner	by the USPTO to process) grathering, preparing, and the you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450.	
Onder the Paperwork Red	denon Act of 1993, no p	CIOCHIO ALE TEMBRICA IO I	сарони то в сопесной т	JI HNIĞ	ятыция инжээ и Оз	omays	- vanu OPED CORROLL	444+4 CA-2	